Instructions:  Use this form to request new projects or changes to your project configuration in HMIS.  All fields are required for new projects.

| Program Information | |
|---|---|
| **Lead Agency:** | |
| **Program Name:** | New          Already exists (Id:              ) |
| **Collaborative Partners:** <br> *List all collaborative partners, including roles and services provided* | |
| **HUD Project Type:** (*Select only one from the list*) <br> *For details see HMIS Standards Manual - Element 2.02* <br> *See Appendix 2* | **Select Project type from the Drop down:** |
| **Does the Project receive referrals from Coordinated Entry?** | Yes          No |
| **If project type is Services Only, are you affiliated with a residential project.** | Yes          No <br><br> . <br> Specify Project name(s) and ID(s): |
| **Program Summary:** <br> *Provide a description of who this program serves, supports provided, etc.* | |
| **Victim Service Provider:** | *is your primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking*    Yes          No |
| **Program Start Date:** <br> *date services for this program began* | | **Program End Date:** <br> NA | |
| **Geocode:** <br> *Primary site or service location* | Alameda County - 69001 <br> Alameda (city) - 60012 <br> Berkeley - 60324 <br> Fremont - 61404 <br> Hayward - 61602 <br> Other (specify:              )     Oakland - 62508 <br> Livermore - 62034 <br> Pleasanton City - 62826 <br> San Leandro - 63276 <br> Union City - 63846 |
| **Service Site Full Address:** <br> *If multiple addresses list primary first* | |
| **Site Type:** | Non Residential: Services Only <br> Residential: Special Needs and Non-Special Needs <br> Residential: Special Needs Only |

| | |
|---|---|
| **Housing Type:** | Single site, single building<br>Single site, multiple buildings<br>Multiple sites (e.g., scattered-site housing, outreach). |
| **Federal Funding Components** (list all)**:**<br>  *see appendix 2 for full list of federal funding<br>  components.  If local or other, please specify.* | |
| **Grant Identifier Number** | |
| **Local Funding Components** (list all): | |
| | |
| **Eligibility requirements:**<br><br>                                        None | Any Disability<br>Specific Disability, specify:<br>Homeless (HUD definition)<br>Chronic Homeless (HUD definition)<br>Age, specify age range limits:<br>Income Limits, specify min/max: |
| | |
| **Capacity:**<br>  *List projected number of individuals who<br>  may be served during a 12 month period* | **N/A** can serve an indefinite number of individuals<br><br>Target number served (within 12 month period):<br>Max number served (within 12 month period): |
| **Length of Services Provided:** | 0-30 days              up to 18 months         Other<br>31-90 days            up to 24 months<br>up to 12 months |
| **Are individuals within this program also jointly served by another HMIS program? If so, which?** | If yes, specify: |
| **Are financial rental assistance services provided?** | Yes<br>If yes, specify type of assistance:<br><br>If yes, specify duration of assistance: |
| **Additional Pertinent Information:** | |

| Admin Information | |
|---|---|
| **Agency HMIS Contact/Lead:** | Name:                                        Job Title:<br>Phone:                                       Email: |
| Agency address: | |

| Bed Inventory Information | | | |
|---|---|---|---|
| INSTRUCTIONS: Bed and unit information is required for all housing and shelter projects including: Emergency Shelter, Transitional Housing, Safe Haven, Rapid Rehousing, Perm Supportive Housing, and Other Perm Housing. If the program has additional bed inventories submit another version of this table. | | | |

| **Bed Inventory Start Date:** | | | |
|---|---|---|---|
| **Shelter Bed Type** *Emergency Shelter projects only* | Facility based | Other (church or non-homeless facility) | Voucher (hotel/motel) |
| **Target Population** | ☐ Domestic Violence Victims | ☐ Veterans | ☐ Persons with HIV/AIDS |

| **Bed Type** | **Households without Children** | **Households with at least One Child and one Adult** | **Households with Only Children** |
|---|---|---|---|
| Beds Dedicated to Chronic Homeless Veterans | | | |
| Beds Dedicated to Youth (under 25) Veterans | | | |
| Beds Dedicated to Any Other Veteran | | | |
| Beds Dedicated to CH Youth (under 25) | | | |
| Beds Dedicated to Any Other Youth (under 25) | | | |
| Beds Dedicated to Any Other CH | | | |
| All Other Non-Dedicated Beds | | | |
| **Total Bed Inventory (# beds)** *should be sum of above* | | | |
| **Total Unit Inventory (# units)** | | | |

APPENDIX 1:  HMIS HUD Project Type: Picklist

o   Emergency Shelter – Entry Exit
o   Emergency Shelter – Night-by-Night
o   Transitional Housing
o   PH – Permanent Supportive Housing (disability required for entry)
o   Street Outreach
o   Services Only
o   Other
o   Haven
o   PH – Housing Only
o   PH - Housing with Services (no disability required for entry)
o   Day Shelter
o   Homelessness Prevention
o   PH – Rapid Re-Housing
o   If PH- Rapid Re-Housing, identify sub type
        RRH: Services Only
        RRH: Housing with or without services
o   Coordinated Entry

https://www.hudexchange.info/programs/hmis/hmis-data-standards/standards/project-descriptor-data-elements/202-project-information/

### APPENDIX 2:  HMIS Federal Funding Sources Picklist

- HUD: CoC - Homelessness Prevention (High Performing Communities Only)
- HUD: CoC - Permanent SupportiveHousing
- HUD: CoC - Rapid Re-Housing
- HUD :CoC - Supportive Services Only
- HUD: CoC - Transitional Housing
- HUD: CoC - Safe Haven
- HUD: CoC - Single Room Occupancy (SRO)
- HUD: CoC - Youth Homeless Demonstration Program (YHDP)
- HUD: CoC - Joint Component TH/RRH
- HUD: ESG - Emergency Shelter (operating and/or essential services)
- HUD: ESG - Homelessness Prevention
- HUD: ESG - Rapid Re-housing
- HUD: ESG - Street Outreach
- HUD: Pay for Success
- HUD: Public and Indian Housing (PIH) Programs
- HUD: Rural Housing Stability Assistance Program
- HUD: HOPWA - Hotel/Motel Vouchers
- HUD: HOPWA - Housing Information
- HUD: HOPWA - Permanent Housing Placement (facility based or TBRA)
- HUD: HOPWA - Permanent Housing Placement
- HUD: HOPWA - Short-Term Rent, Mortgage, Utility assistance
- HUD: HOPWA - Short-Term Supportive Facility
- HUD: HOPWA - Transitional Housing (facility based or TBRA)

- HUD: HUD/VASH
- HHS: PATH - Street Outreach & Supportive Services Only
- HHS: RHY - Basic Center Program (prevention and shelter)
- HHS: RHY - Maternity Group Home for Pregnant and Parenting Youth
- HHS: RHY - Transitional Living Program
- HHS: RHY - Street Outreach Project
- HHS: RHY - Demonstration Project
- VA: CRS Contract Residential Services
- VA: Grant Per Diem - Bridge Housing
- VA: Grant Per Diem - Case Management/Housing Retention
- VA: Grant Per Diem - Clinical Treatment
- VA: Grant Per Diem - Hospital to Housing
- VA: Grant Per Diem - Low Demand
- VA: Grant Per Diem - Service Intensive Transitional Housing
- VA: Grant Per Diem - Transition in Place
- VA: Community Contract Safe Haven Program
- VA: Supportive Services for Veteran Families
- Local or Other Funding Source (Please Specify)